

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

APPARATUS AND METHOD FOR HEAVE COMPENSATION

the specification of which (check one)

☒ [X] is attached hereto.

☐ [] was filed on _____ as United States Application Serial No. _____ or PCT International Application No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIORITY FOREIGN APPLICATION(S)

0406336.8	Great Britain	19 March 2004
(Number)	(Country)	(Day/month/year filed)

Priority Claimed

Yes ☒ No ☐

(Number)	(Country)	(Day/month/year filed)
----------	-----------	------------------------

Yes [] No []

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

(Application Number) _____ (Filing Date) _____

(Application Number) (Filing Date)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status)(patented, pending, abandoned)

[illegible]

And I hereby appoint Gregory J. Lavorgna, Registration No. 30,469; Daniel A. Monaco, Registration No. 30,480; John J. Marshall, Registration No. 29,671; Joseph R. DelMaster, Jr., Registration No. 38,123; Robert E. Cannuscio, Registration No. 36,469; George A. Frank, Registration No. 27,636, and all attorneys and agents associated with Customer Number 23973, my attorneys or agents with full power of substitution and

revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence to Robert E. Cannuscio, at Drinker Biddle & Reath LLP, One Logan Square, 18th & Cherry Streets, Philadelphia, PA 19103-6996. Address all telephone calls to Robert E. Cannuscio at 215-988-3303 (telefax: 215-988-2757).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full name of sole or first inventor Daniel Davidson

Inventor's signature _____

Date _____

Residence Aberdeen, United Kingdom

Citizenship Great Britain.

Post Office Address West Steading, Sunnyside

Maryculter, Aberdeen AB12 5GT

United Kingdom

Full name of second inventor _____

Inventor's signature _____

Date _____

Residence _____

Citizenship _____

Post Office Address _____
